Fact Sheet
AB 417 (Beall)
Medi-Cal Drug Treatment Program: Buprenorphine

PROBLEM

Substance abuse exacts a devastating toll in California, ruining lives, destroying families, and devouring tax dollars.

More than 70 percent of the costs for prisons, parole, local criminal justice, and child welfare are related to untreated alcohol and drug problems. The result: $44 billion spent on the fallout from drug abuse and alcohol on California's government and society in 2005.

Research shows substance abuse treatment is effective. But, it is necessary to tailor treatment to the needs of the individual. A variety of factors must be taken into account, including, but not limited to, predisposition to alcohol and drug abuse, duration of abuse, and the type of substance that is used.

AB 417 adds one more important and effective option for treating substance abuse: buprenorphine,

THIS BILL

At this time, state law allows Narcotic Treatment Programs to claim reimbursement for only two medication-assisted treatments: methadone and levoalphacetylmethadol (LAAM). LAAM is no longer manufactured, leaving Narcotic Treatment Programs with only one therapy choice, methadone.

Approximately 20,000 people with Opioid addiction (heroin and prescription drugs - oxycottin, codine, vicadine) are enrolled in Narcotic Treatment Programs according to the California Department of Alcohol and Drug Programs.

AB 417 requires the Department of Alcohol and Drug Programs to establish a rate reimbursement schedule for buprenorphine treatment in NTPS without requiring an amendment to the state Medicaid plan. This form of treatment has two components, medication management and counseling.

SUMMARY

Buprenorphine was approved for use in the treatment of Opioid addiction in 2002 through the Federal Drug Abuse Treatment Act (DATA). Shortly afterwards, California added buprenorphine to the state's formulary and approved use of buprenorphine for Medi-Cal in office-based settings.

However, the Department of Alcohol and Drug Programs has never authorized a reimbursement code for buprenorphine therapy in its Drug Medi-Cal program. Private sector health care and insurance plans authorize coverage of buprenorphine as an appropriate, successful and effective treatment. The unavailability of the therapy in Drug Medi-Cal leads to a two-tiered system of care and limits providers from using the most advanced medications and therapies for treating Opioid addiction.

Other states have successfully incorporated buprenorphine into their publicly funded systems. The state can save money on substance abuse treatment by including buprenorphine in the Drug Medi-Cal program.

Cost analysis has shown that, on an annual basis, buprenorphine costs about the same as methadone. Because Buprenorphine is not medication in addition to methadone but an alternative, any cost differences are truly minimal.

Physicians in NTP physicians can provide better and more appropriate medication land treatment to mange the disease with buprenorphine as an alternative to methadone.

Adding buprenorphine to the Drug Medi-Cal program has been recommended by the Legislative Analyst Office as it offers several advantages over methadone including cost savings.

It has been approved for use with young adults (age 16) a population where prescription drug abuse is increasing. Buprenorphine is safer with less abuse potential and less diversion risk, therefore a real benefit to public safety.

The overall cost per treatment episode can be lower due to the shorter duration of treatment using buprenorphine.

STATUS/VOTES

March 31, 2009 set to be heard in Assembly Health Committee.

SUPPORT

OPPOSITION

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